

Name in Full

Certificate of Death

Andrew Budner

Town

County

MARYLAND

Died at Double Pipe Creek Carroll

Date 189 8 Month 9 - Day 6 Y. 38 - M. 4 - D. 26 Native of Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband  
of  
WifeFather's  
NameMother's  
NameCause of  
Death { Primary  
Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by

Carroll Brend 9-10

Address

Pawey town

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 65068



Name in Full

Certificate of Death

*John Tyler Cauthorne*  
 Town *Sykesville* County *Carroll Co* MARYLAND

Died at *Sykesville* Date 189*8* . *Sept* *20* Y. *2* M. *10* D. *md* Native of *md* Occupation *---*  
 Male *White* ~~M~~ *Widow* ~~Divorced~~  
 Female ~~Colored~~ *Single* ~~Widower~~ *Number of children living*

Husband of  
~~Widow~~

Father's Name *John W. Cauthorne* Mother's Name *Mary D. Cauthorne*

Cause of Death { Primary *Indigestion & Transition about 5 wks*  
 Immediate *Blood trouble & Phanton* How long sick *about 5 wks*  
~~Accident, Suicide, Homicide~~

Reported by *Chas. Heffinger M.D.* *82*  
 Address *Sykesville Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

JAS. R. WEER,  
Undertaker  
& Embalmer,  
SYKESVILLE, MD.

Best- Informative  
Can get-

Name in Full

Certificate of Death

Susana Cronister

Town

County

Died at

Sylkerville

Carroll co

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8 Sept - 17

Age

79 -

md -

White

Married

~~White~~

~~Married~~

Female

~~Female~~

~~Single~~

~~Widower~~

Number of children living

5

Husband

of W

Father's

Name

Mother's

Name

Cause of

Primary

Bronchitis 14 day duration

How long sick

4 hours

Death

Immediate

Pneumonia 72

Accident, Suicide, Homicide

Reported by

Samuel B Sprecher M.D.

Address

Sylkerville

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65063

Jas R. Weer  
Sykesville

and

Undertaker

Correct as far as can  
learn

---

JAS. R. WEER,  
Undertaker  
& Embalmer,  
SYKESVILLE, MD.

Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

Union Bridge Carroll  
 Sept 29 Age 37 11 12 Married Housewife  
 White Married Widow Divorced

Female

~~Single~~~~Single~~

Widower

Number of children living 2

Husband

of

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Dr. R. Marshall  
 Union Bridge Md.  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708





Name in Full

Certificate of Death

David A. Englar

Town

County

Died at

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

Sept 28 Age 55 5 22 Maryland Farmer

Male

White

Married

Widow

Diversed

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

Consumption 22a

How long sick

20 years

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name in Full

Catherine Weatherburn Giles

Town

County

Died at

New Windsor

Carroll

MARYLAND

Date 189

Month Day

5

9-3

Age

Y.

M.

D.

Native of

Occupation

40

Balt.

none

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~Husband  
of

Wife

Father's

Name

Mother's

Name

44

Cause of

Primary

General progressive paralysis 7 weeks

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

L. H. Brown M.D.

Address

New Windsor Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Elizabeth Gorsuch

Died at

Westminster Carroll

MARYLAND

Date 189

Sept 22

Age

72.6.4

Native of

Md

Occupation

Lacy

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

One

Husband

Stephen Gorsuch

Wife

Father's

Henry Franklin

Mother's

Name

Sarah Franklin

Cause of

Primary

Paralysis

44

How long sick

8 weeks

Death

Immediate

Assistant, Scribe, Home

Reported by

M. L. Bott, M.D.

Address

Westminster

Md



Name in Full

Certificate of Death

William H. Grinnell  
 Town *St. Olive* County *Carroll* MARYLAND

Dec 29 1898 Age 77 Y. 7 M. 1 D. 1 Native of *MD* Occupation *farmer*  
 Male White Married Widower Divorced  
 Female Colored Single Widower Number of children living 11

Husband of *Ruth Leatherwood*  
 Father's Name *Beal Grinnell* Mother's Name *Christina Grinnell*

Cause of Death Primary *Cystitis & Prostatitis* How long sick *104*  
 Immediate *Exhaustion* Accident, Suicide, Homicide

Reported by *A. T. Crank M.D.*  
 Address *Winfield Carroll Co. MD*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Sophia M. Harman

Town

County

MARYLAND

Died at near Taneytown

Carroll

Date 1898 9-8

Month

Day

Y.

M.

D.

Native of

Occupation

Age 63-2-10

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~

Widower

Number of children living

Wife of Daniel Harman

Father's

Mother's

Name

Name

57

Cause of Primary

Heart disease

How long sick

Death Immediate

Accident, Suicide, Homicide

Reported by

Carroll Reed, 9-10

Address

Taneytown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65055



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8

9 - 4

Age

2 - 9

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband  
of  
WifeFather's  
NameMother's  
Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Barnes, Liberty (Liberty town)  
Sept. 15

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Thos O Hatfield Sr

Town

County

Died at

Hoods Mills Carroll

MARYLAND

Date 189

8

Month

Day

Y.

M.

D.

Native of

Occupation

Sept-5

Age

70

- -

Md

Farmer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband

of

~~Wife~~

Father's

Name

Mother's

Name

Cause of

Primary

Consumption of Lungs

How long sick

Death

Immediate

Effects of labor

Accident, Suicide, Homicide

Reported by

G. H. Steffinger Md

Address

Dry Runville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65965

JAS. R. WEER,  
Undertaker  
& Embalmer,  
SYKESVILLE, MD.

Name in Full		Rebecca Hill	
Died at		Town Twp. Union	County Carroll
Date 189		Month 7	Day 23
Age		Y. 68	M. 4
Native of		D. 13	Occupation
<del>Male</del>		White	Married
Female		<del>Colored</del>	<del>Single</del>
Husband of		Widow	Divorced
Wife		Widower	Number of children living
Father's Name		Mother's Name	
Cause of	Primary	161	
Death	Immediate	How long sick	
Reported by		Carroll Reed	
Address		Tany Town 18-1	

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

*John D. Hym*  
*Carroll*

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

*Paralyzing throat**44*

How long sick

*1 yr.*

Death

Immediate

Accident, Suicide, Homicide

Reported by

*Carroll R. Hym*

Address

*91-17*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, PAPER



Name in Full

Certificate of Death

Died at

Silver Run

Town

County

Kisselring  
Carroll

MARYLAND

Date 1898

Month

Day

Y.

M

D.

Native of

Occupation

8 - 24

Age 33

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Carroll E. Reed Aug. 27  
(Fancytown)

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Corinna Grace Lester

Town

County

Died at

Manchester

Carroll

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

9

Age

6-9

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by

American Sentinel

9-3

Address

Westminster



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068



Name in Full

Certificate of Death

Charles Lyons

Town

County

Died at

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

8

Sept 11

Age

3

Md

none

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

2

Husband

of

Wife

Father's

Name

~~Mother's~~~~Name~~

Cause of

Primary

Intestinal Catarrh

How long sick

3 weeks

Death

Immediate

Cholera Infantum

Accident, Suicide, Homicide

Reported by

Dr. S. M. Gouché

Address

Gumtree Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65982





Name in Full

Certificate of Death

Wilcox TR McCandell

Town

County

Died at

Gaithersburg

Carrall Co

MARYLAND

Date 189

Month Day

8 Sept 12

Y. M. D.

Age

5 weeks

Native of

Occupation

Md

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

Wife

Father's

Name

Wilcox TR.

Mother's

Name

Cause of

Primary

Heart &amp;

Death

Immediate

Cholera Infantum

How long sick

3 weeks

Accident, Suicide, Homicide

Reported by

L. R. Steele M.D.

Address

Sykesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

JAS. R. WEER,  
Undertaker  
& Embalmer,  
SYKESVILLE, MD.

Best Informal  
Can get

*Josephus Mason*  
 Town County

Died *near New Windsor* *Cornell*

MARYLAND

Date 1898	Month	Day	Y.	M.	D.	Native of	Occupation
	<i>Sept</i>	<i>28</i>	<i>48</i>	<i>4</i>	<i>15</i>	<i>Maryland</i>	<i>Farmers</i>
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living	<i>5</i>		

Husband of *Susan Mason*

Father's Name Mother's Name

Cause of	Primary <i>Injury sustained from being thrown from cart</i>	How long sick <i>4 weeks</i>
Death	Immediate <i>hemorrhage from bowels 145 E.</i>	Accident, <del>suicide</del> Homicide

Reported by *Wm. A. Buffington M.D.*

Address *New Windsor Md*



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

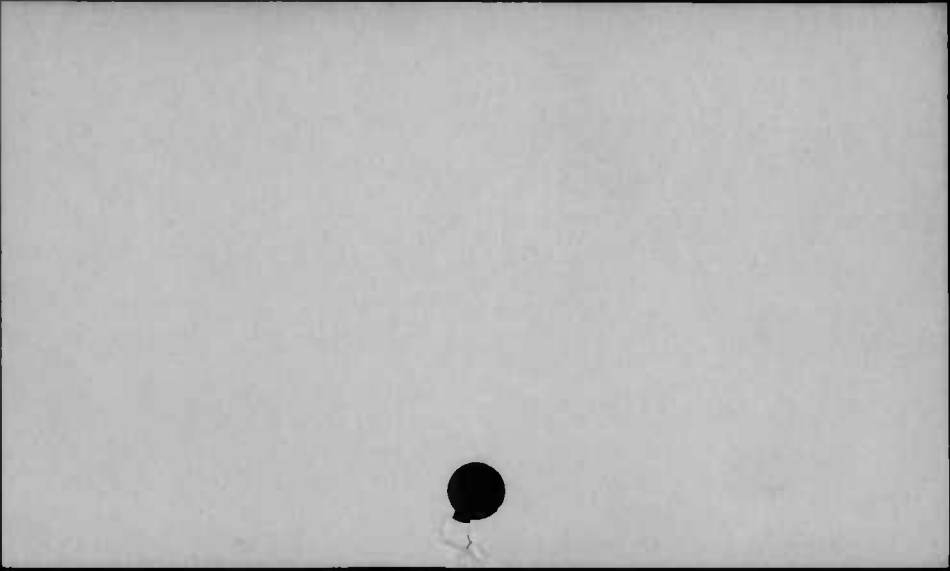
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1896B



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8 19-29

Age 85-4

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

~~Husband~~

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

161

How long sick

Death

Immediate

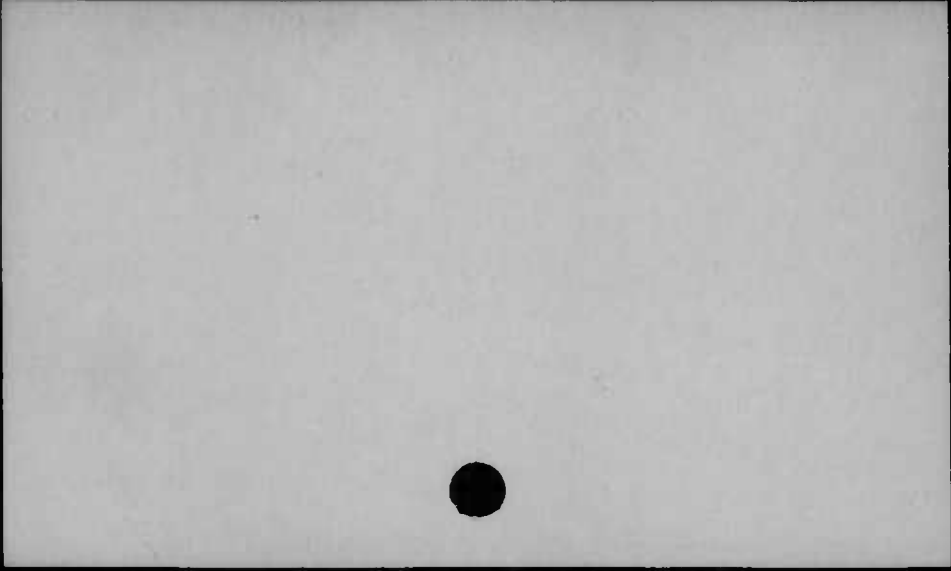
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868





Name in Full

Certificate of Death

Lewis Ohler

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8 Sept-7

Age

74

Wid Carpenter

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

~~Number of children living~~

Husband of

Wife of

Father's

Mother's

Name

Name

Cause of

Primary

Overcome by Heat

How long sick

9 days

Death

Immediate

Paralysis

44

Accident, Suicide, Homicide

Reported by

J. H. Steele M.D.

Address

Sikesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965

JAS. R. WEER,  
Undertaker  
& Embalmer,  
SYKESVILLE, MD.

Best- Information  
Can get-

Mollie Prichart

Town

County

MARYLAND

Died at Trevanion

Carroll

Month Day

Y. M. D.

Native of

Occupation

Date 189 8

9 23

Age

Married

~~Widow~~~~Deceased~~

Female

White

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

~~Hasband~~

of

Mrs Prichart

Wife

Father's

Name

Mother's

Name

22a

Cause of

Primary

Consumption

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Carroll Record

10-1

Address

Toney town

Must be signed by physician if any in attendance, otherwise by coroner, undertaker or minister.

CHILIFRUE

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CHILIFRUE

CHILIFRUE

Name in Full

Certificate of Death

Jas C Sarmiento

Town

County

Died at

Freedom

Carroll Co

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8 Sept 7 - Age 62 - Venezuela Valet

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Matilda

Father's

Name

Mother's

Name

Cause of

Primary

Carcinoma of Liver

How long sick

4 to 6 mos

Death

Immediate

Exhaustion

256

Accident, Suicide, Homicide

Reported by

Saul B. Sprecher M.D.

Address

Sykesville

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

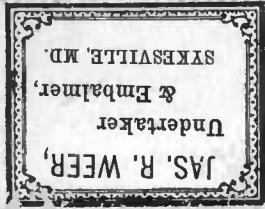
LIBRARY BUREAU, 87968

for R. Weer  
Undertaker

Sykesville

and

Conestoga for as can  
learn



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Father's

Name

Mother's  
Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

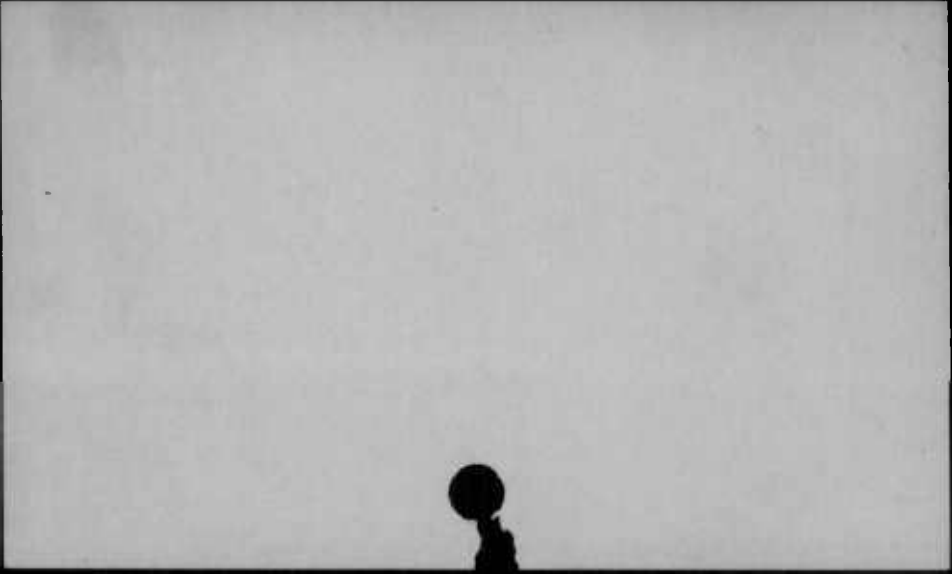
Reported by

Address

Must be signed by physician, if any in attendance, otherwise

coroner, undertaker or minister.

LIBRARY BUREAU, 65968





Name in Full

Certificate of Death

Sarah Ann Sharetts

Town

County

MARYLAND

Died at near Bruceville

Carroll

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189 8

9 27

Age

79 2 17

~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

161

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Carroll As Record

10-1



Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Died at

Franklin Stewart Stitley  
Town Union Mills

County

Carroll

MARYLAND

Date 1898

Month Day  
September 30

Age

Y. M. D.  
2 1 26

Native of

Carroll Co Md

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

Wife

Father's

Name

Thomas J Stitley

Mother's

Name

Florence M Stitley

Cause of

Primary

Acute Colitis 87

How long sick

10 Days

Death

Immediate

Prostration

Accident, Suicide, Homicide

Reported by

Dr J J Stewart

Address

Union Mills Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708



Name in Full

Certificate of Death

Henry Warehime

Town

County

Died at

Mount Pleasant Carroll

MARYLAND

Date 1898

Month Day

September 24

Age

Y. M. D.

73 4 10

Native of

Carroll Co Md

Occupation

Farmer

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Six

Husband

of

Wife

Father's

Name

Cause of

Primary

Immediate

Death

Mother's

Name

How long sick

Dysentery

Heart Failure

Py

Two weeks

~~Accident, Suicide, Homicide~~

Reported by

Address

Dr J J Stewart

Mission Mills Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 88968



Name in Full

Certificate of Death

John J. Whiteford  
 County Carroll

MARYLAND

Died at 2nd <sup>Town</sup> Hrs. Innessane

Date 189 <sup>Month</sup> 4 - <sup>Day</sup> 23 <sup>Y.</sup> 81 <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> <sup>Occupation</sup>

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband  
 of  
 Wife

Father's

Name

Mother's

Name

141

Cause of

Primary

Immediate

How long sick

10 days.

Accident, Suicide, Homicide

Reported by

Address

John Norfolk Morris, M.D.  
 Lykensville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968





Name in Full

Certificate of Death

Died at

Town *Dunnings*

County

*Carroll*

MARYLAND

Date 189

*8*

Month Day

*9-10*

Age

Y. M. D. *15-23*

Native of

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife of

Father's Name

*Wm. Winter*

Mother's Name

*Lucinda Winter*

Cause of

Primary

Death

Immediate

How long sick

*161*

Accident, Suicide, Homicide

Reported by

*Carroll Reed*

Address

*Larrytown 9-17*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 88888



Rebecca Wright-

Town

County

Died at

Hoods Mills

Carroll Co

MARYLAND

Date 189

5

Month

Sept

Day

27

Y.

48

M.

D.

Native of

Md -

Occupation

Housekeeper &amp; Washing

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~~~Number of children living~~~~Husband~~

of

John Wright

~~Father's~~

Name

Mother's

Name

Cause of

Primary

Peritoneal Abscess About 5 wks.

How long sick

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

C. H. Neffenger, M.D.

Address

Sykesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

JAS. R. WEER,  
Undertaker  
& Embalmer,  
SYKESVILLE, MD.